U.S. District Court for the Northern District Of Illinois Attorney Appearance Form

Case Title:		Case Num	ber:			
An appearance is hereby filed by the undersigned as attorney for:						
Attorney name (type o	or print):					
Firm:						
Street address:						
City/State/Zip:						
Bar ID Number: Telephone Nu (See item 3 in instructions)			Number			
Email Address:						
Are you acting as lead	d counsel in this case?			Yes	No	
Are you acting as local counsel in this case?				Yes	No	
Are you a member of the court's trial bar?				Yes	No	
If this case reaches trial, will you act as the trial attorr			?	Yes	No	
If this is a criminal cas	se, check your status.	R	etained C	Counsel		
			ppointed		el, are you	
	a	_ ''				
			CJA Panel Attorney			
general bar or be granted I declare under penalty of	his Court an attorney must of leave to appear pro hac vice perjury that the foregoing is as the same force and effec	e as provided true and corre	for by local ect. Under 2	rules 83.1 28 U.S.C.§	2 through 83.14. 1746, this	
Executed on						
Attorney signature:	S/(Use electronic signature	if the appeara	nce form is	filed elect	ronically.)	